

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7906**

FILED MAR 21 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Ill</b> b. COUNTY <b>Union</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>	c. LENGTH OF STAY (In this place) <b>5 weeks</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural R.D. No 8 S127</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Cape Osteopathic Hosp.</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	

3. NAME OF DECEASED (Type or Print) (First) <b>Anita</b> (Middle) <b>Della</b> (Last) <b>Engelhart</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 12-1950</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 5-1904</b>	9. AGE (In years last birthday) <b>46 yrs</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Jackson, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Henry Restl</b>	13b. MOTHER'S MAIDEN NAME <b>Nattie Petzoldt</b>	14. NAME OF HUSBAND <b>E. S. Engelhart</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or other) <b>No</b> (If yes, give for dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>P. S. Engelhart, Jonesboro, Ill.</b>	ADDRESS <b>Jonesboro, Ill.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Myocardial Infarction</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Nephrosis</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Nephrosis</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>1570</b>
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19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 2, 1950**, to **March 12, 1950**, that I last saw the deceased alive on **March 4, 1950**, and that death occurred at **10:15 a.m.**, from the causes and on the date stated above.

22a. SIGNATURE <b>P. M. Steinson, D.O.</b> (Degree or title)	22b. ADDRESS <b>105 S. Main St.</b>	22c. DATE SIGNED <b>3/12/50</b>
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23a. BURIAL, CREMATION (REMOVAL) (Specify) <b>Jonesboro</b>	23b. DATE <b>3-14-50</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Jonesboro Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Jonesboro, Ill.</b>
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DATE REC'D BY LOCAL REG. <b>3-13-1950</b>	REGISTRAR'S SIGNATURE <b>C. C. Summers</b>	44	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cecil Norris, Jonesboro Ill.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 20 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-397

MAR 21 1950

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Cecil Norris*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Cecil Norris*

Licensed Embalmer No. *1490*

P. O. Address *Jonesboro Ill*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.